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SUMMARY

Introduction

Earlier HIV diagnosis continues to be a public health priority in the European Union, especially among populations facing overlapping vulnerabilities and multiplying stigmas (e.g. migrants, sex workers, people who use drugs, and men who have sex with men). Globally, sex workers and their clients accounted for 3–5% and 19% of new infections diagnosed in 2018, respectively. Furthermore, the average global prevalence of HIV among sex workers in low- and middle-income countries (LICs and MICs) is estimated to be approximately 12%, with high regional variations. Earlier HIV diagnosis continues to be a public health priority in the European Union, especially among populations facing overlapping vulnerabilities and multiplying stigmas (e.g. migrants, sex workers, people who use drugs, and men who have sex with men). The links between sex work and HIV are complex. They involve both individual and structural determinants, including risky sexual practices with multiple partners, higher prevalence of STIs, and barriers to consistent condom use, hostile work environment, violence, poor access to health and other essential services. The combination of sex work, migration, drug and alcohol use create multiple vulnerabilities. Migrant populations represent a considerable proportion of reported HIV and AIDS cases in Europe. An estimated 47% of all female sex workers in the EU are migrants, of whom 70% were originally from Eastern European (EE), non-EU countries and Central Asia. Since 1991, after the Soviet Union dissolution, increased numbers of male and female sex workers, from Central and Eastern European countries were reported in many European Union member states. Further expansion of the European Union might coincide with growths of migration flows from Eastern Europe to Western Europe.

The aim of this study was to ‘unpack’ context-specific vulnerabilities of migrant female sex workers from Eastern European, non-EU countries (namely, Belarus, Moldova, the Russian Federation and Ukraine), and to describe whether and how these affect access to health services, including access to HIV testing in the Netherlands.

Research questions:

- Which factors mediate HIV testing among female sex workers in different contexts (in a context of the country of origin: Kyiv, Ukraine and in a context of the country of destination: Amsterdam, the Netherlands)?
- How do different health, migration and sex-work policies affect perceptions of HIV testing among EE, non-EU migrant female sex workers in different contexts (in a context of the country of origin: Kyiv, Ukraine and in a context of the country of destination: Amsterdam, the Netherlands)?
- How can HIV testing strategies be adapted to better meet the needs of EE, non- EU migrant female sex workers (in a context of the country of origin: Kyiv, Ukraine and in a context of the country of destination: Amsterdam, the Netherlands)?

Summary

Specific Objectives:

- To systematically review existing evidences on factors mediating HIV testing among female sex workers in different contexts.
- To identify factors associated with self-reported HIV testing and receiving test results in the last 12 months, HIV prevalence and knowledge of positive status among female sex workers in Ukraine.
- To analyse the content and context of HIV testing policies with a focus on female sex workers as well as to describe how these policies are understood and implemented in practice in Ukraine.
- To examine context-specific vulnerabilities of migrant female sex workers from EE, non-EU countries, and to describe whether and how these affect their access to HIV testing in Amsterdam in the Netherlands.
- To draw recommendations on how to reconceptualize HIV testing strategies to better meet the needs of EE, non-EU migrant female sex workers (in a context of the country of origin: Kyiv, Ukraine and in a context of the country of destination: Amsterdam, the Netherlands).

Methods

In this study I bring together the socio-ecological model developed by Bekker et al. and the migratory process framework developed by Zimmerman et al. The socio-ecological model describes complex associations between policy- (macro), community- and network- (meso) and individual- (micro) level factors and health outcomes. It proposes that individuals' behaviour is determined by factors operating at different levels. These include intrapersonal, interpersonal, community, network and policy levels. The migratory process framework allows us to account for the multistage and cumulative nature of health risks during various phases of female sex workers' migration: pre-departure, travel, interception and destination.

The research took place in two different European settings: a country of origin (Ukraine) and a country of destination (the Netherlands). In this thesis, I employed both qualitative and quantitative methods. To answer the different research questions, I conducted five studies. I started with a systematic literature review (study 1/ chapter 4), which facilitated further development of the research design. The context of the country of origin (Ukraine) was assessed on the basis of an integrated bio-behavioural survey (IBBS, 2013- 2014) among female sex workers in the country (study 2/Chapter 5) and policy gap analysis (study 3/Chapter 6). To examine barriers and facilitators of HIV testing among Eastern European, non-EU female sex workers in the context of the destination country (Amsterdam, the Netherlands) a qualitative study was conducted among key stakeholders (study 4/Chapter 7). I also summarized ethical and methodological considerations when conducting research among migrant female sex workers using the experiences gained in study 4 (Chapter 8).

Results

Overall, HIV testing remains insufficient among EE, non-EU female sex workers, both in the country of origin and in the country of destination. It is essential to facilitate HIV testing in this group across both contexts as Eastern Europe and Central Asia remains the only region in the world where HIV incidence continues to rise, with an alarming increase of 60% between 2010 and 2016. Macro-level factors, including, sex work, migration and HIV testing and treatment policies, shape local contexts, define priorities for local healthcare programs and allocation of financial resources, fuel sex worker- and HIV-associated stigma, influence trust and affect health-seeking behaviour of women. These factors should, thus, be seen as key barriers to utilization of healthcare services in both countries. On the contrary, social support of peers, manager, family and friends is a main facilitator of HIV testing among migrant women. Our findings also highlight the importance of a self-testing approach.

Practical implications

Context of the country of origin

Prohibitive laws towards sex work (Administrative law: Articles 181/1 and Criminal law: Articles 130, 302, 303) may impede the uptake of health services and fuel stigma of most vulnerable sub-groups of sex workers in Ukraine. Moreover, negative experiences of health facilities in the country of origin may be extended to the country of destination. Thus, we argue for considering factors mediating the uptake of health services among Eastern European migrant female sex workers at all phases of the migration circle – pre-departure, travel, interception and destination. Moreover, as other research has demonstrated, the prohibition of sex work may lead to stigma and discrimination, social exclusion, unsafe working conditions, poor occupational health, low self-esteem, and restrictions on housing, travel and parenting. Thus, we call for reconsidering these laws in Ukraine.

We also strongly support the involvement of local networks, unions and community-led organizations of sex workers in the country of origin as they might provide social support and serve as a potential bridge between women and health professionals in destination countries. Moreover, networks, unions and organizations of sex workers, as well as organizations representing migrant sex workers, should be included in the policy process regarding sex work, migration and trafficking issues.